Clear Form 1 2 FILED 3 AUG 1 4 2008 4 5 7 8 UNITED STATES DISTRICT COURT 9 JOSEPH VICTOR LAGANA 10 CASE NO. 4:08-CV-03392-CW 11 12 IN FORMA PAUPERIS 13 (Non-prisoner cases only) 14 Defendant. 15 I, JOSEPH VICTOR LAGANA, declare, under penalty of perjury that I am the plaintiff 16 in the above entitled case and that the information I offer throughout this application is true and 17

correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief. In support of this application, I provide the following information:

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Yes ____ No **X** Are you presently employed? If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer: Gross: Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

	DO NOT BIOLUDE THEIR NAMES
children, list only their initials and ages	s. DO NOT INCLUDE THEIR NAMES.
5. Do you own or are you buying a home?	Yes No <u>×</u>
Estimated Market Value: \$ Amount or	f Mortgage: \$
6. Do you own an automobile?	Yes No 🔀
Make Year N	Model
Is it financed? Yes No If so, Total due:	:\$
Monthly Payment: \$	
7. Do you have a bank account? Yes No _	(Do <u>not</u> include account numbers.)
Name(s) and address(es) of bank:	
Present balance(s): \$	
Do you own any cash? Yes \(\sum_{\text{No}} \) No \(\sum_{\text{No}} \) Amount:	\$ 5000
Do you have any other assets? (If "yes," provide a des	
market value.)	Yes No
8. What are your monthly expenses?	
Rent: \$ 40000 Utilities:	<u>0</u>
Food: \$ 18000 Clothing:	#50°°
Charge Accounts:	
Name of Account Monthly Payment	Total Owed on This Accou
Sallie Mas (Lender) \$ 5000	<u> </u>
Sallie Mae (Lender) \$ 5000	\$ 22,000 °C
\$	\$
9. Do you have any other debts? (List current ob	ligations, indicating amounts and to who
they are payable. Do not include account numbers.) Multiple medical bills, Unsu	re total amount, near \$15,000

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2	10. Does the complaint which you are seeking to file raise claims that have been presented in
3	other lawsuits? Yes No
. 4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5	which they were filed. State of
6	which they were filed. CGC-08-475803 California Superior Court County of San Francisco
7	Lounty of San Francisco
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9	false statement herein may result in the dismissal of my claims.
10	1 19/1
11	Joseph . Lagana
12	DATE SIGNATURE OF APPLICANT
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